

CLAIMS ONLY

SERIAL NO.	FILING DATE
09844091	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2			1			
3			1			
4			1			
5			3			
6			3			
7			3			
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TOTAL IND.	1		4			
TOTAL DEP.			14			
TOTAL CLAIMS	1		18			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							51				
2							52				
3							53				
4							54				
5							55				
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41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3	↓					TOTAL IND.	↓			
TOTAL DEP.	15	↓					TOTAL DEP.	↓			
TOTAL CLAIMS	18	↓					TOTAL CLAIMS	↓			

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